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Committee Bill No. 667: An Act Concerning Funding for Local Public Health Departments

Senator Handley, Representative Sayers and members of the Public Health Committee. My name is Dr. Patricia Checko. I am the Director of Health of the Bristol-Burlington Health District and I am here to speak in favor of Committee Bill 667. The role of public health is to Prevent, Promote and Protect and we do it everyday: preventing illness, promoting healthy behaviors, and protecting the public. Whether it is something that gets the public attention like a national outbreak of E. coli in spinach or the unheralded duty to get a landlord to abate the residence of a lead poisoned child, your local health department is at the forefront. And since 9/11, we've become part of the larger team of first responders to plan for and respond to natural and man-made emergencies.

We have experienced terrorism using anthrax spores that touched our own Connecticut community, and Hurricane Katrina and numerous natural disasters since then have taught us that even if it isn't a disease, it is still a public health disaster. Funds from the Centers for Disease Control and Prevention have helped local health departments prepare plans for "all-hazards", be they naturally occurring or intentional. We have added annexes for bioterrorism to local emergency plans, as well as smallpox and pandemic influenza plans, and plans for mass dispensing of medications and vaccination clinics. It has given us an opportunity to train our staff and others in the community and to assume our place at the table with other community partners who respond to emergencies. In the last year alone, local health departments and our local partners have drilled receiving antibiotics from the federal Strategic National Stockpile and delivering them to our residents, conducted mass immunizations clinics at a mall for pandemic influenza preparedness and conducted tabletop exercises to discuss the rationale for and impact of student dismissal during a pandemic.

And now CDC and the federal government expect the local health departments to take the lead in bringing our communities together to develop a community response to an influenza pandemic. It is not just the incredible burden of illness and death, but also the devastating blow to our

economy and business operations that we must prepare for. Pandemic influenza could wipe out our infrastructure in 60-90 days, could cause a 3-5% decrease in the national economy and a 40% absenteeism rate among all businesses. In my own health district we have convened our pan flu community workgroup and have begun the arduous task of defining essential services, and continuity of operations plans for schools, government, public health and medical care, businesses, as well as plans for mass fatalities and providing needed services to our residents as a result of illness and social distancing interventions we may apply to decrease the transmission of disease.

Two years ago, the CDC public health preparedness funds for local health departments covered the cost of a full time public health emergency coordinator. In this fiscal year that funding was reduced by 15% and we have been advised that we should budget for an additional 5% cut this year. As with most federal initiatives, initial funding levels are seldom sustained. In addition, the Pandemic and All-Hazards Preparedness Act of 2006 directs funds toward a number of different activities. So, the pot will be shared by many more agencies and activities. You have seen it yourselves with the federal funds from the Department of Homeland Security to states and cities and the new emphasis on high risk communities. Connecticut's funds have been drastically cut. Local health departments cannot return to a time when we attempted to meet the needs for public health emergencies without the necessary human and material resources.

The recognition that public health is a major first responder for all emergencies has become our new "normal". Public health threats are local threats that need state support. Local public health needs to be prepared and ready to respond and provide care within every community. Our role is not just planning but operational. It is your local public health agency that will need to deliver medications and vaccinations to your community. It is your local health department that will operationalize social distancing strategies and play a critical role in the unified command capacity. It is your local health department that will be working with the community to open and staff Alternate Health Care sites to care for all levels of people affected by pan flu. And I can guarantee you that they will not be staffed by doctors and nurses like a mini-hospital, but by my staff, your neighbors and other volunteers who will fill the gap. It is your local health department that will be working with your local morticians and faith community to deal with the dead and dying. And it will be your local health department that will advise and be leaders in the recovery process that will follow.

The expectation for and role of local health departments in emergencies is the new normal. We are 24/7 and need to create and sustain the infrastructure to perform in that capacity. The state needs to step forward and guarantee that these required activities are institutionalized by providing the financial support to sustain them.

In September 2006, when Senator Andrea Stillman announced the formation of the Connecticut Disaster Readiness Project, she said, "Preparedness is the key to keeping our people safe and making sure that *all the pieces are in the right place...*" What happens when *the public health piece is not* in the right place? *We must continue to plan and assure that public health is the right piece in the right place with the right tools to respond.* We can't wait for a tragedy to hit to reveal critical weaknesses. We must recognize them now and exercise them to build strong infrastructure, communications, and response capabilities. If our municipalities are unprepared, the first thing flood waters will sweep away is the trust and credibility that our constituents have placed *in us*. Make sure that public health is the *right piece in the right place in your community.*